

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10 776397**  
APPLICANT(S)

FILED DATE **02-10-07**

		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS						
		IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1														
2									51					
3									52					
4									53					
5									54					
6									55					
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42									91					
43									92					
44									93					
45									94					
46									95					
47									96					
48									97					
49									98					
50									99					
									100					
TOTAL IND.									TOTAL IND.	2				
TOTAL DEP.									TOTAL DEP.	22				
TOTAL CLAIMS									TOTAL CLAIMS	24				